

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL
COMMITTEE (OPHTHPAC)

FEC IDENTIFICATION NUMBER ▼

C C00196246

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

DMI Direct

Date

MM / DD / YYYY

Mailing Address 1145 W Collins Ave.

Amount

City State Zip Code
Orange CA 92867

18339.00

Transaction ID : WFT20127231126-1

Purpose of Expenditure
Schweikert Mailing (creative svcs, production, mailing)

Category/
Type

Office Sought: ☒ House State: AZ
☐ Senate District: 06
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

David Schweikert

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

18339.00

Disbursement For: ☒ Primary ☐ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

18339.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

18339.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Omega T Melissa

[Electronically Filed]

Signature

Date

MM / DD / YYYY